Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 03/09/2022

Implementation of ClaimCheck for all Physician and Laboratory Services – Effective January 9, 2006

This purpose of this memorandum is to inform providers that DMAS will be re-implementing McKesson's claims editing software, ClaimCheck, on January 9, 2006, for all Physician and Laboratory Services. This process will involve all Physician and Laboratory Services claims received on or after January 9, 2006.

DMAS has been working with an established ClaimCheck provider workgroup for the last year. This workgroup is comprised of various individual and group providers, physician specialists, and professional organizations. The workgroup assists DMAS with insuring that ClaimCheck edits adhere to state and federal standard billing guidelines and provide information on normal physician office standards. This workgroup will remain active and continue to review any updates to the ClaimCheck process as needed.

ClaimCheck will be implemented into the daily claims adjudication cycle on a concurrent basis. This implementation will result in the current claim being processed to edit against history claims. Therefore, any adjustment or denial of payments from the current or history claim(s) will be done during the daily adjudication cycle and reported via the weekly remittance.

DMAS has outlined the logic and rules of the editing criteria in the enclosed attachment. All ClaimCheck edits are invoked based on the following global claim factors: same recipient, same provider, same date of service, or date of service is within the established pre- or post-operative time frame.

DMAS will recognize the following modifiers, when appropriately used as

defined by the most recent Current Procedural Terminology (CPT), to determine the appropriate exclusion from the ClaimCheck process. The recipient's medical record **must** contain documentation to support the use of the modifier by clearly identifying the significant, identifiable service that allowed the use of the modifier. The Division of Program Integrity will monitor and audit the use of these

modifiers to assure compliance. These audits may result in recovery of overpayment(s) if the medical record does not appropriately demonstrate the use of the modifiers.

The modifiers that currently bypass the ClaimCheck edits are:

- Modifier 24 – Unrelated E & M Service by the same Physician during the post-operative period
- Modifier 25 – Significant, separately identifiable E & M Service on the same day by the same Physician on the same day of the procedure or other services.
- Modifier 57 – Decision for Surgery
- Modifier 59 – Distinct Procedural Service
- Modifiers U1-U9 – State-Specific Modifiers

Providers that disagree with the action taken by a ClaimCheck edit may request a reconsideration of the process via email (ClaimCheck@dmas.virginia.gov) or by submitting a request to the following mailing address:

Department of Medical
Assistance Services Payment
Processing Unit – ClaimCheck
600 East Broad Street, Suite
1300

DMAS has determined that there are specific procedure codes that should be excluded from the ClaimCheck process due to federal or state requirements that are unique to DMAS. The second attachment contains the procedure codes identified to be excluded.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.